

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE

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**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 01/03/20  
 2. House Identification Number 30636000 Senate Identification Number 1694-12

**REGISTRANT**

3. Registrant name AARP  
 Address 601 E Street, NW  
 City Washington State DC Zip 20049  
 4. Principal place of business (if different from line 3)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 5. Telephone number and contact name  
(202) 434-3750 Contact David Certner E-mail (optional) \_\_\_\_\_  
 6. General description of registrant's business or activities  
Advocacy

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.*  Self

7. Client name self  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 8. Principal place of business (if different from line 7)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 9. General description of client's business or activities \_\_\_\_\_

**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any this section has served as a "covered executive branch official" or "covered legislative branch official" within tv acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if appl)
<u>Rhonda Sharon Richards</u>	<u>Democratic Staff Director, Subc</u> <u>Senate Health, Education, Labor, and</u>

Form LD-1 (Rev. 06/98)

Registrant Name AARP Client Name self

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LL

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12. Specific lobbying issues (current and anticipated)

Health care, including long-term care, Medicaid, and Medicare

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the client during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity that meets the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages the lobbying activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each foreign entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature



Date 01/13/05

Signature [Handwritten Signature]

Printed Name and Title David Gertner, Federal Affairs Director

Form LD-1 (Rev. 06/98)